MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/516747

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1						51			1			
2		1					52			1			
3	1						53				1		
4		3					54				1		
5		3					55				1		
6	1						56				1		
7	1						57				1		
8		1					58				1		
9		2					59				1		
10		2					60				1		
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23		1					73						
24		1					74						
25							75						
26		2					76						
27		0					77						
28		1					78						
29		1					79						
30							80						
31							81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50							100						
TOTAL IND.							TOTAL IND.			8			
TOTAL DEP.							TOTAL DEP.			22			
TOTAL CLAIMS							TOTAL CLAIMS			30			

PTO-1360 (REV. 9/03)